Palliative treatment in daily practice

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Public interest in palliative care continues to rise. The topic of assisted suicide is currently being widely discussed in the media and politically. Regardless of our point of view, palliative care will have an important role to play in the support of patients and their relatives. To ensure that it does not remain just headlines and lip service, comprehensive education in this area is necessary.

In this special issue of the *Magazine of European Medical Oncology (MEMO)*, a multidisciplinary team of experts summarize and discuss recent developments and interesting findings in daily palliative treatment practice. In 2020, Eva Masel already gave a nice introduction about end-of-life therapy in palliative care (instead of palliative scare) in *MEMO*. With this special issue I am very proud to introduce relevant topics from a pharmacist's view on "obstipation and diarrhoea", from psychiatrists about the highly relevant topic "delirium" as well as experienced palliative care specialists on "pain".

As a start, my esteemed colleague from the pharmacy, Marie-Bernadette Aretin, reviews current information on obstipation and diarrhoea [1]. Gastrointestinal symptoms at the end of life may have different causes and are stressful for patients. Although causal therapy is rarely possible, symptom relief can be achieved with medication management. Especially as we often have to deal with different side effects from palliative therapy we should discuss our medications with pharmacists more often.

In their article about delirium, my good colleagues Filipe Millinger and Matthäus Fellinger give us a great view on this neurocognitive disorder [2]. Delirium is

commonly seen in palliative care and it usually develops over a short period of time. As delirium is associated with increased mortality, prevention and early identification is of high clinical relevance. Their paper provides a brief overview of risk factors, preventive measures, the current screening and diagnostic procedures, as well as non-pharmacological and pharmacological treatment options in the palliative care setting.

Last but not least I am thankful that Markus Köstenberger and Rudolf Likar found time to contribute to this special issue with their topic on pain management [3]. In addition to other stressful symptoms, palliative patients often suffer from severe pain events. For this reason, exact pain diagnostics is essential in order to initiate necessary therapeutic options. Next to non-opioid analgesics and opioids I want to invite readers to focus more and more on coanalgesics, cannabinoids and nondrug procedures which are shortly discussed in the article.

In conclusion, profound knowledge of different issues is essential for the treatment of palliative care patients. As a guest editor I hope that the articles will help us better understand these issues of palliative care.

With best regards,
 Matthias Unseld MD PhD

Conflict of interest M. Unseld declares that he has no competing interests.

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